## Form **8871**

\*\*\*EIN applied for.

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

(July 2000) Department of the Treasury Internal Revenue Service

| Pa                          | rt I General Information  |                      |  |                            |                                 |  |
|-----------------------------|---|----------------------|--|----------------------------|---------------------------------|--|
| 1                           | Name of organization McCulloch for Supe   |                      |  |                            | Employer identification number* |  |
| 2                           | Mailing address (P.O. Box or number, street, and room or suite num P. O. Box 2276 |                      |  | mber)                      | 81-0535054                      |  |
|                             | City or town, state, and ZIP code Billings, MT 59103                              | -2276                |  |                            | <del>0, (11, 13, 14, 1)</del>   |  |
| 3                           | E-mail address of organization  |                      | · ·  |                            | PA                              |  |
| 4a                          | Name of custodian of records  Jeffrey A. Weldon                                   |                      | 4b Custodian's address P. O. Box 2276  Billings, MT 59103-2276 |                            |                                 |  |
|                             |   |                      |  |                            |                                 |  |
| 5a                          | Name of contact person Same   |                      | 5b Contact person's address                                    |                            |                                 |  |
|                             |   |                      |  |                            |                                 |  |
| 6                           | Business address of organization (i   | f different from mai | ling address   | shown above). Number, stre | et, and room or suite number    |  |
|                             | City or town, state, and ZIP code   | <del></del>          |  |                            |                                 |  |
| Par                         | rt II Purpose   |                      |  |                            |                                 |  |
| 7                           | Describe the purpose of the organi  | zation               |  |                            |                                 |  |
|                             |   |                      |  |                            |                                 |  |
|                             | List of All Related E Name of related entity                                      | ntities (see inst    |  | 8c Address                 | 1991                            |  |
|                             | Traine of federal effects   | OD INCIDITIONS       | пр   | <b>8C</b> Address          |                                 |  |
|                             | None  |                      |  |                            |                                 |  |
|                             |   |                      | .,   |                            |                                 |  |
|                             |   |                      |  |                            |                                 |  |
|                             |   |                      |  |                            |                                 |  |
|                             |   |                      | <u>.</u>   |                            |                                 |  |
|                             | NUG 0 3 2000  |                      |  |                            |                                 |  |
| AUG 0 3 2000 S<br>OGDEN, UT |   |                      |  |                            |                                 |  |
|                             |   |                      |  |                            |                                 |  |
| or P                        | aperwork Reduction Act Notice, s  | ee page 4.           |  | Cat. No. 30405V            | Form <b>8871</b> (7-2000)       |  |

| Form 8871 (7-2000 | D)                                  |  | Page 2   |
|-------------------|-------------------------------------|--|--|
| Part IV L         | ist of All Officers, Dire           | ctors, and Highly Con  | pensated Employees (see instructions)  |
| 9a Name           |                                     | 9b Title   | 9c Address   |
| None              |                                     |  |  |
|                   |                                     |  |  |
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| <u></u>           |                                     |  |  |
|                   |                                     |  |  |
|                   | Under penalties of perjury, I decla | re that the organization named in  | Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be treated as an organization described in section 527 of the International Part I is to be a section of the Inter |
| F<br>  i1         | t is true, correct, and complete.   |  | ompanying schedules and statements, and to the best of my knowledge and belie  |
| Sign<br>Here      | Signature of autygrized offi        | don, Deputy Tre  | July 28, 2000 Date   |
| неге              | Jettrey A. Wel                      | don, Deputy Tre  | asurer Form <b>8871</b> (7-2000  |